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Strategic Leadership Perspective

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Strategic Leadership Perspective



Theory of Constraints ~ JCIPE

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Doctor of Management in Strategic Leadership

Students:

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Paula Smith-Benson

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Pamela R. Tull

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Nursing-Paula Smith-Benson

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Dr. Larry Hirschhorn

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Project Overview

The project purpose was to identify the program constraints through cause and effect linkages, determine whether the root causes identified had program benefits and identify the driving causes of undesirable effects through Method of Synchronization:

1. Articulation
2. Interdependency
3. Process
4. Flow of Information
5. Sense of Urgency/Prioritization

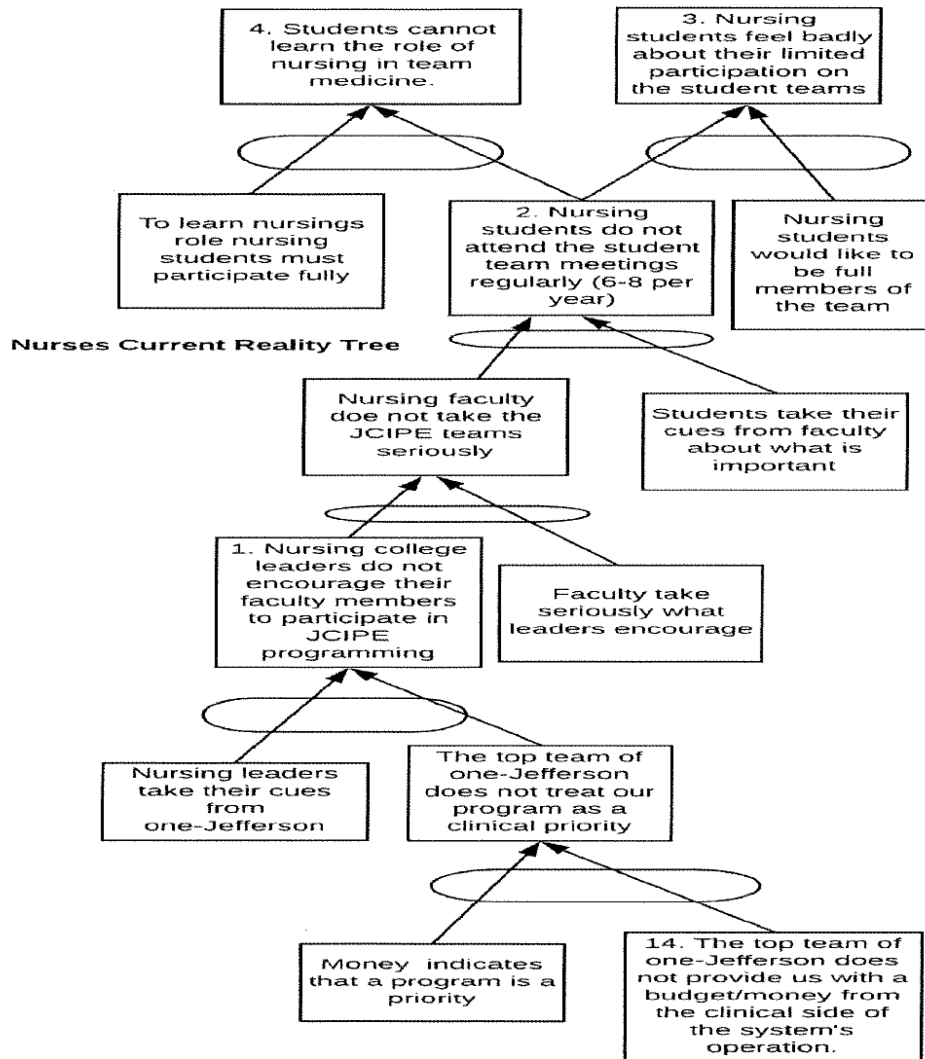
Furthermore, we wanted to enlarge our perspective from a process mindset to a whole systems perspective looking at the systems that comprise JCIPE and how the systems are interconnected and interdependent and affect the purpose of the organization. Our overview led us to analyze possible physical, policy or cultural constraints that impose upon the JCIPEs success and drove us to our search using sufficient cause thinking to identify potential root causes. Using Theory of Constraint tools: Undesirable Effects, Current Reality Tree and Evaporating Cloud, we determined assumptions and used interpolations to narrow our scope to arrive at a likely root cause.

NOTE: This project is part of the larger relationship between the Doctor of Management in Strategic Leadership and the Leadership of the Jefferson Center for Interprofessional Practice and Education (JCIPE) to create a strategic plan and business model for their next 5 years.

Undesirable Effects

1. Nursing college leaders do not encourage their faculty members to participate in JCIPE programming.
2. Nursing students do not attend the student teams regularly.
3. Nursing students feel badly about their limited participation on the student teams.
4. Students cannot learn the role of nursing in team medicine.
5. Faculty who want to develop team programs do not consult with us.
6. What we do is seen as an add-on to other clinical/faculty obligations.
7. Our committed early adopters burn out.
8. Students do not see JCIPE team working in their clinical rotations.
9. Some clinicians mistakenly believe that they are working with teams.
10. Clinicians believe that team working does not require training.
11. We do not have data that supports the impact of JCIPE effects on patient care.
12. Without data we are as legitimate as we might be in the eyes of clinicians.
13. We are not fully engaging the clinical staff in our program.
14. The top team of one-Jefferson does not provide us with a budget/money from the clinical side of the systems' operation.

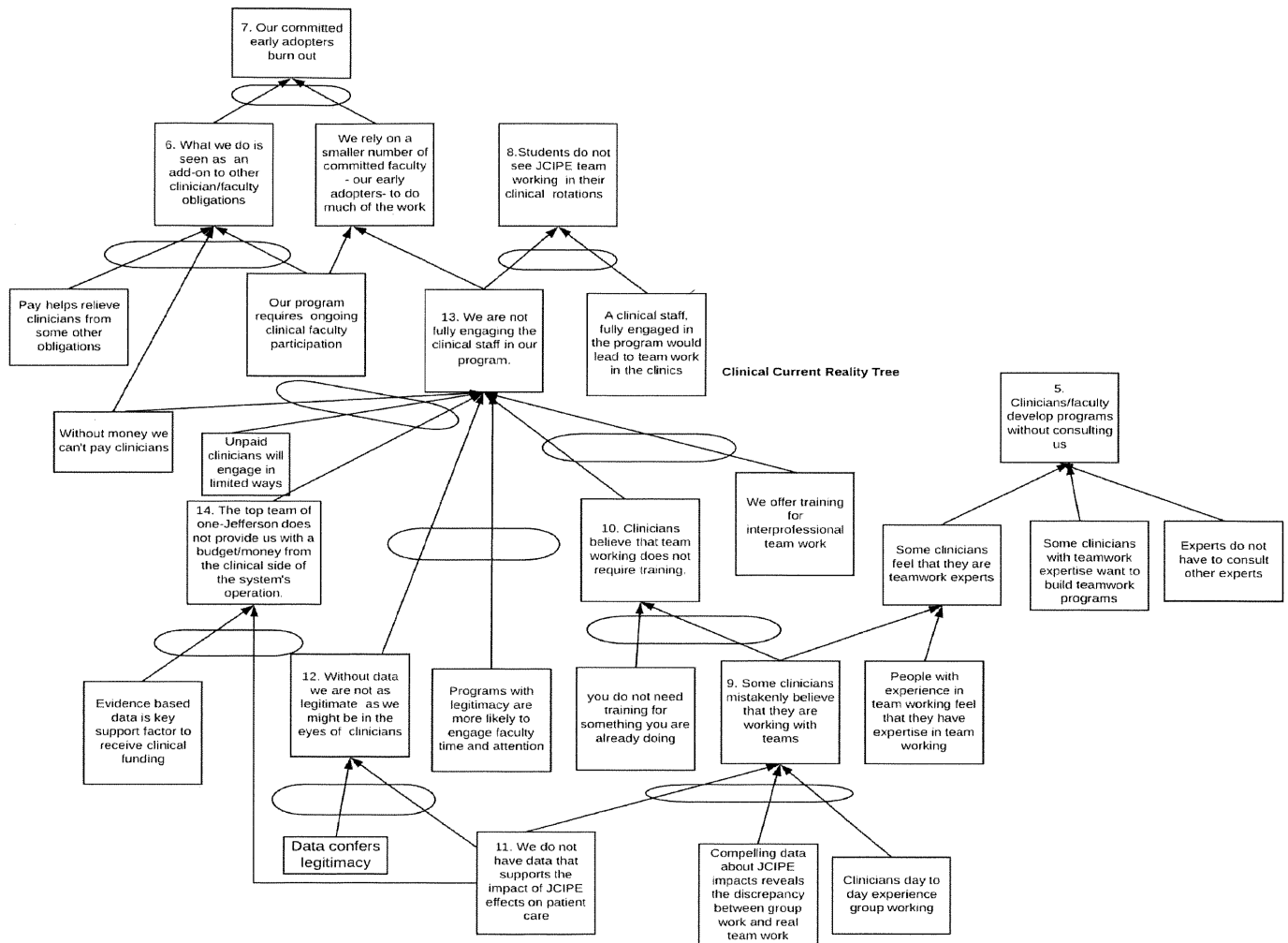
Current Reality Tree



Nursing

Current Reality Tree

Part 1 & Part 2



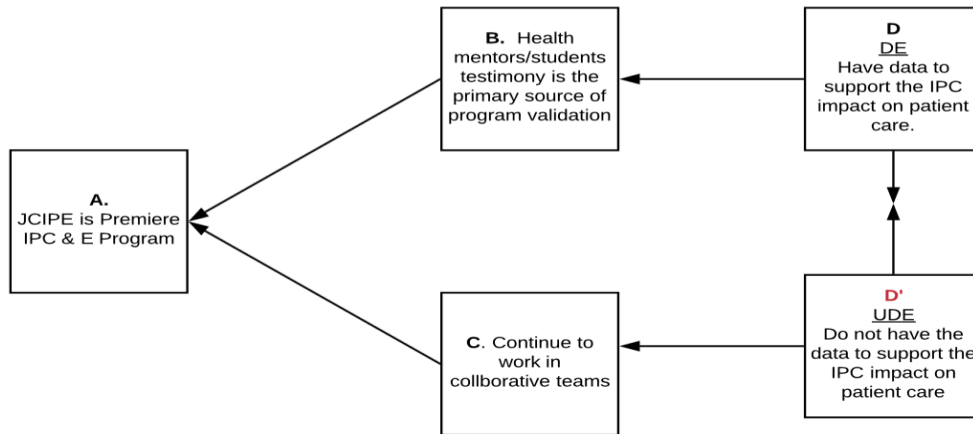
Key

Part 1: 11, 12, 14, 6, 7, 13, 8

Part 2: 11, 9, 10, 5

Evaporating Cloud

Clinical UDE Cloud 2



AB: In order for JCIPE to be the premier IPC program we must use health mentors and student testimony as the primary source of validation because we do not have any other data to support IPC's impact on patient care.

AC: In order for JCIPE to be the premier IPC program we must continue to work in collaborative teams because it supports the IPC impact on patient care.

BD: In order for health mentor's testimony to be used as the primary source of validation we must also have data to support the IPC impact on patient care because anecdotal data helps to validate the programs purpose.

CD': In order to continue to work in collaborative teams we must continue to operate without the data because it is a burden on the staff to collect the information.

Conclusion

Based on the information provided, we concluded that JCIPE has to present evidence-based data to support its need to obtain necessary funding and established its position as a credible IPE leader. To move towards its goal, JCIPE might consider a program champion to advocate on its behalf and to bridge the crucial gap between one-Jefferson key leadership and key stakeholders.